

Utah Office of Museum Services
GRANT APPLICATION FY 2006-2007

DEADLINE: APRIL 21, 2006

Use this application for both categories of grants

- Read grant guidelines carefully before filling out the application. Incomplete forms may invalidate your application.
- Make a copy of the application for your files.
- Answer all questions in the space provided on the form. Do not extend to supplemental pages.
- Double-check your addition to make sure it is correct.
- Send completed application to:

Utah Office of Museum Services
300 Rio Grande Street
Salt Lake City, UT 84101
(801) 533-3589/3592 – Fax 533-3588

I am Applying for: Development Grant ☐

Project Support Grant ☐

Museum _____

Address of Museum _____

City _____ Zip _____ (+4) _____ (zip + 4 required)

Mailing Address (if different from Museum Address) _____

City _____ Zip _____ (+4) _____ (zip + 4 required)

Contact Person _____ Daytime Phone _____

Alternate Contact _____ Daytime Phone _____

Federal Employee Identification Number ____ -- ____ Date of Incorporation _____

State Legislative House of Representative District # _____ State Legislative Senate District # _____

Do you have a Non-Profit Status? ____ Yes ____ No (If yes and first time applying, please submit "Letter of Determination")

Project Title or Brief Description _____

Grant Amount Requested:

\$

Governing control of Museum (*Circle one of the following*)

1. Federal

2. State

3. Municipal

4. County

5. Private Nonprofit

_____ Year the museum was first open and exhibiting objects to the general public

_____ Total number of hours the museum was open to the public for the 12-month period prior to application

_____ Total number of visitors annually (break down, if possible) adults _____ children _____ tourists _____

_____ Number of *full-time paid* museum staff _____ Number of *full-time unpaid* museum staff

_____ Number of *part-time paid* museum staff _____ Number of *part-time unpaid* museum staff

GRANT APPLICATION

1. Describe the need for the project(s) (To attend a conference/workshop, complete question 3):

[illegible]

2. Describe the project(s) or component of project(s) for which the Utah Office of Museum Services support is requested:

[illegible]

3. Answer the following questions for attendance at conference/workshop:

- A. Title and location of conference, workshop or seminar: _____
- B. Dates applicant will be attending: _____
- C. Name/Position of staff attending: _____
- D. Has individual previously attended this conference/workshop: Yes _____ No _____ If Yes, When? _____
- E. Value of training for individual: _____

- F. Value of training for museum: _____
- _____
- _____
- _____

BUDGET

NOTE: Indicate in right-hand column what expense OMS grant will cover.

Applicant Funds

OMS Grant

Personnel *(Payment for employee's salary/wages)*

		x Hours	x Rate	
Administrative	No. of Positions _____	_____	_____	\$ _____
Curatorial	No. of Positions _____	_____	_____	\$ _____
Technical/Clerical	No. of Positions _____	_____	_____	\$ _____
Other	No. of Positions _____	_____	_____	\$ _____

Consultant Fees/Contracted Personnel\$ _____ \$ _____

Rentals\$ _____ \$ _____

Publicity and Promotion\$ _____ \$ _____

Phone/Postage\$ _____ \$ _____

Supplies\$ _____ \$ _____

(list supplies) _____

Equipment\$ _____ \$ _____

(list equipment) _____

Other\$ _____ \$ _____

(list other) _____

In-Kind contributions *(Services and materials donated to this project. Volunteer time is calculated at \$8.00 per hour, unless the volunteer is donating services which he/she provides as part of his/her profession in which case time is calculated at that person's professional rate.)*

Donated Services	Hours	x Rate	= Dollar Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Materials Contributed\$ _____

(list materials) _____

Total In-Kind Contributions Dollar Value\$ _____

TOTAL EXPENSES EACH COLUMN\$ _____ \$ _____

TOTAL ALL PROJECT EXPENSES (total of both columns) \$ _____

Authorized Signature(s)

Administrative Officer _____

Signature _____ Date _____

Fiscal Officer *(if different from Administrative Officer)* _____

Signature _____ Date _____